

Mayor's Youth Advisory Board 2014/2015 Application

NOTE: MYAB requires a serious time commitment of approximately three hours a week (this can include MYAB board meetings, attending other board/city council meetings as assigned, MYAB events, and outside sub-committee work.) Please consider this before applying. MYAB members must be able to attend 90% of said activities throughout the school year, or they will be asked to resign from the board.

Please complete all pages of this application and return by **April 7, 2014** to:

Mayor's Youth Advisory Board
Attn: Kate Taylor
P.O. Box 4755
Beaverton, OR 97076-4755
(Or bring it to Beaverton City Hall, 3rd floor Mayor's Office)

The mission of MYAB is to serve the common good of the community and provide a voice for youth while organizing constructive community projects, strengthening relationships among all members of the community, promoting youth activism in governmental affairs, and acting as a resource for any city organization upon request. Visit www.BeavertonOregon.gov/myab for more information.

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

HOME PHONE: _____ **CELL:** _____

E-MAIL ADDRESS: _____

HOW LONG HAVE YOU LIVED IN BEAVERTON? _____

SCHOOL: _____ **CURRENT GRADE:** _____

1. How did you hear about the Mayor's Youth Advisory Board?

2. List your interests & activities (hobbies, organizations, clubs, sports, positions held, etc.):

3. What are you passionate about?

4. MYAB works in sub-committees. Of the following options, which sub-committees would fit you best? (Circle all that apply)

- Events
- Volunteer Outreach
- Youth Homelessness
- Environment/Sustainability
- Politics/Civic Affairs
- Media/Advertising
- Other? _____

4. Why do you want to serve on the Mayor's Youth Advisory Board? *(Please be specific)*

5. Do you understand that MYAB is a serious time commitment of 3 hours per week and are you able to make this commitment fit into your schedule? (Circle one)

Yes

No

Please provide two references (one peer and one adult). Please see Pages 3 and 4 of this application for information to provide to an adult and a peer (youth) for a personal reference.

Reference 1:

Name _____

Email _____

Daytime Phone _____

Reference 2:

Name _____

Email _____

Daytime Phone _____

I understand that if I am selected as a member of the City of Beaverton Mayor's Youth Advisory Board, I will need to attend bi-monthly MYAB meetings, additional outside monthly board meetings as assigned, City council meetings as assigned, other activities/events, and participate in a manner that brings honor and respect to the City of Beaverton, its citizens, and the Mayor's Youth Advisory Board.

Signature

Date

I give permission for _____ to apply for the Mayor's Youth Advisory Board. If selected, I will permit and support him/her in attending meetings and activities related to the Mayor's Youth Advisory Board. (Activities in the past have included, but are not limited to, collecting canned food, volunteering at food pantries, coordinating annual Youth Summit and Volunteer/Internship Fair, volunteering at retirement facilities, and Adopt-a-Road clean-up events.)

Signature of Parent or Guardian

Date

Photo Release Form

I,

Your Printed Name (parent/guardian if applicable)

by my signature below authorize the City of Beaverton to use my image and/or my child's image to promote or publicize city-sponsored events that involve the participation of the Mayor's Youth Advisory Board. I understand and agree that the publicity that the City publishes or issues for this event may be distributed on the internet and other media and may otherwise be available to the general public, and that the City has almost no control over the uses that the public puts to that publicity, including the images of me or my child. I am aware of the risk that a member of the public may, without my or the City's permission, use or alter my image or that of my child in a manner that would show me or my child in a false light or constitute libel or an invasion of my or my child's privacy. I agree that if I believe that the City's use of my or my child's likeness puts me or my child in a false light or otherwise constitutes an unreasonable invasion of my or my child's privacy I will so notify the City and will give the City a reasonable time to correct the problem or to retract the use of my image or my child's image.

In consideration of City's permission for me and child to participate in and promote events attended by the Mayor's Youth Advisory Board, I hereby grant permission to the City to publicize my image and/or that of my child on the City's official internet site and in and on other publicity media, and I for myself and/or for my child hereby WAIVE any claim that may otherwise accrue to me or my child against the City of Beaverton for misuse of my or my child's published image by others in such a way as to cast me or my child in a false light or constitute libel or an invasion of privacy.

I understand that the copyright for all photographs or other images of me and/or my child will be held by the City of Beaverton. This copyright includes without limitation any and all rights to include the work in this and any future publication of the City, in any format or media.

I hereby waive all rights to compensation for these photographs, regardless of how they are displayed. I waive any right to inspect or pre-approve the manner in which the photographs or accompanying material appears in printed or electronic form.

I have read this release form and fully understand and agree to its contents. I have not been induced or coerced in any way into signing this agreement.

Child/children's printed name(s) if applicable

Signature**Date**

Reference #1 / Adult
City of Beaverton Mayor's Youth Advisory Board

- ◆ *Applicant:* **Two** references must be completed by non-relatives; one adult and one peer.
- ◆ *Reference:* Please include the following information about yourself so that we may contact you if necessary.

Applicant's Name _____

Reference's Name _____

Address _____

City, State, and Zip Code _____

Home Phone _____ Work Phone _____

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. Is the applicant dependable? _____

4. Why would you recommend the applicant for this position? _____

Signature _____ Date _____

IMPORTANT! Person completing this reference must place the reference in a **sealed** envelope and return to applicant for submission with MYAB Application.

Reference #2 / Peer
City of Beaverton Mayor's Youth Advisory Board

- ◆ *Applicant:* **Two** references must be completed by non-relatives; one adult and one peer.
- ◆ *Reference:* Please include the following information about yourself so that we may contact you if necessary.

Applicant's Name _____

Reference's Name _____

Address _____

City, State, and Zip Code _____

Home Phone _____ Work Phone _____

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. Is the applicant dependable? _____

4. Why would you recommend the applicant for this position? _____

Signature _____ Date _____

IMPORTANT! Person completing this reference must place the reference in a **sealed** envelope and return to applicant for submission with MYAB Application.